



IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

PATENT

Serial No.: 10/646,434 )  
Filed: August 22, 2003 )  
For: BREATHING ASSISTANCE )  
APPARATUS )  
Applicant: Olsen et al. )  
Examiner: Not yet assigned )  
Art Unit: Not yet assigned )  
Attorney Ref: 1171/40069B/112B )

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 24, 2003.

*Tiffany E. Sexton*  
Tiffany E. Sexton

**SECOND PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-identified patent application, kindly amend same as follows:

In re application of: OLSEN et al.Serial No.: 10/646,434Filed: August 22, 2003For: BREATHING  
ASSISTANCE  
APPARATUSArt Unit: Not yet assignedExaminer: Not yet assignedAttorney Docket No.: 1171/40069B/112B

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 24, 2003.

*Tiffany E. Sexton*  
Tiffany E. Sexton

MAIL STOP AMENDMENT  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Second Preliminary Amendment in regards to the above-identified patent application.

The filing fee for the amendment has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR		OTHER	
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra	Rate	Addit. Fee		Rate	Addit. Fee	
TOTAL	* 44	MINUS	** 44	0	x 9 =	\$ .00		x 18 =	\$ .00	
INDEP.	* 4	MINUS	*** 4	0	x 43 =	\$ .00		x 86 =	\$ .00	
					+ 145 =	\$ .00		+ 290 =	\$ .00	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					TOTAL ADDIT. FEE			TOTAL		\$ .00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: November 24, 2003

*Raiford A. Blackstone, Jr.*  
Raiford A. Blackstone, Jr.  
Linda L. Palomar  
Attorney of Record

Reg. No. 25,156  
Reg. No. 37,903